CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No. Filed 10/20/62

Local File No. 3

1. PLACE OF DEATH
a. COUNTY: Eaton
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Vermontville
c. LENGTH OF STAY (in this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500 E. Main R#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Indiana
b. COUNTY: Noble
c. TOWNSHIP, CITY OR VILLAGE (Name of): Albion
d. Is Residence within limits of a city or incorporated village? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RR# 2

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Frances c. (Last) Cook

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1962

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 11. 1868
9. AGE (In years last birthday): 93
If under 1 Year: Months / Days
If under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Household Duties
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Garber
14. MOTHER'S MAIDEN NAME: Polly White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE: Mrs. Mildred Wilcox
ADDRESS: Vermontville Michigan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosas — Interval Between Onset and Death: 2 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosas — Years

DUE TO(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Burl Field Eaton County Coroner
23b. ADDRESS: Nimondale, Mich.
23c. DATE SIGNED: 10/19/62

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 22. 1962
24c. NAME OF CEMETERY OR CREMATORY: Christian Chapel
24d. LOCATION (City, village, twp., or county) (State): Albion Noble Co. Indiana

DATE REC'D BY LOCAL REG.: 10/20/62
REGISTRAR'S SIGNATURE: Lita Nagle
25. FUNERAL DIRECTOR'S SIGNATURE: Vogt Funeral Home Virgil Vogt
ADDRESS: Vermontville, Mich.

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TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

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